

**Interstate Practice of Dental  
Teleradiology in the United  
States: The Effect of Licensing  
Requirements on Oral and  
Maxillofacial Radiologists'  
Practice Patterns**

The study protocol was reviewed and approved by the Harvard Medical School and Harvard School of Dental Medicine Committee on Human Studies (Institutional Review Board approval number 15-1517)

The study itself raised some ethical issues!

Federal Certificate  
of Confidentiality

We obtained the names of dentists who were listed as board certified on the website of the ABOMR. Through various sources, including PubMed, personal contacts, and practice websites, we were able to obtain current e-mail contact information for 104 of the 111 individuals listed on the ABOMR website

A solicitation e-mail, which included a link to the survey, was sent to the individuals. A reminder e-mail was sent 2 weeks after the initial invitation, and a final e-mail was sent the day prior to closure of the survey

The survey was conducted with Qualtrics, an online survey software tool

**The response rate was 74%**

**The average response rate for studies utilizing data collected from individuals is 52.7% with a standard deviation of 20.4%**

Baruch Y, Holtom BC. Survey response rate levels and trends in organizational research. Hum Relat 2008;61:1139-1160.

We interpret the excellent response rate to our survey to be a result of great interest on the part of respondents to know the answer to the primary question posed

The remaining results are based only on everyone who was board certified

	Yes	No	Don't know
Are you a Diplomate of the American Board of Oral & Maxillofacial Radiology?			
Do you read radiographic images of any kind and provide written reports?			
Do you read images and provide reports for patients who reside in a state in which you are not licensed, or from entities who practice in a state in which you are not licensed?			
Do you know whether your malpractice carrier provides coverage for states in which you are not licensed?			
Does your carrier specifically exclude some states from malpractice coverage?			
Are there any states in which you are NOT licensed and for which you will NOT provide a written report?			

Of these who confirmed that they were Diplomates of the ABOMR 64 indicated they read radiographic images and provided written reports. The remaining results are based on the responses of these 64 radiologists

A majority, 56% (of the 64), reported that they write reports for states in which they are not licensed. The same 56% reported that there are no states in which they are not licensed for which they will not write reports

The 44% who reported that they do *not* write reports for states in which they are not licensed gave a number of reasons for not doing so

Not comfortable writing for these states	24.5% (12)
No professional contacts in these states	14.3% (7)
These states are perceived to have strict licensing laws	20.4% (10)
Restrictions placed by malpractice carrier	8.2% (4)
Other	32.7% (16)

\* Respondents could choose more than one answer, so that the percentages do not add up to 100.

73% of respondents did not know whether their malpractice carrier covers them for states in which they are not licensed. 80%\* also did not know whether their malpractice carrier specifically excludes certain states from coverage

\*only 15 respondents answered this question

26 qualitative responses were left by respondents. Of these, seven responses stated a desire for a change in licensure to permit reporting for all states. Eight responses described the individual efforts made to ascertain what the requirements are for oral and maxillofacial radiologists not licensed in that state to write reports for patients in the state

## Conclusions

### Law Has Limited Deterrent Effect

State licensing laws appear to have a limited deterrent effect on the 56% who answered that they write reports for states in which they are not licensed and who would not consider abandoning that practice even though their actions are potentially criminal in nature<sup>1,2</sup>

1. California Business and Professions Code, Section 2052. Available at <http://codes.findlaw.com/ca/business-and-professions-code/bpc-sect-2052.html> (last accessed October 20, 2016).

2. State of Iowa Code 147.86. Available at <https://www.legis.iowa.gov/docs/code/2015/147.86.pdf> (last accessed October 14, 2015).

### State Boards Lose Control

It ought to be of concern to dental boards and to states that 56% of those who provide reports do so even when they are not licensed in a state. Since boards only have jurisdiction over their licensees state boards themselves are unable to take action against a practitioner who engages in telemedicine without being licensed there

### Confusion

Comments by the respondents indicated that there is much confusion concerning licensing laws and that they would like to more easily be able to find answers to their questions. As an example of the confusion or misunderstanding as to what is legally required, compare the response of one respondent who stated “*some states specifically allow oral and maxillofacial radiologists licensed in any state to read and report on images in its state*” and who stated that she or he will report only for those states that affirmatively allow it, with that of another respondent who opined that “*radiologists may write reports for a state in which they are not licensed unless that state specifically prohibits radiologists not licensed there from reading and reporting on images*”

**Where do we go from here?**

**Maintain the status quo**  
**State-by-state effort to**  
**change the law**  
**National (not federal)**  
**license**

“The authors suggest that the dental profession establish not only a national examination, but also a national licensing system”

Friedland, B. and Valachovic, R.W.: The regulation of dental licensing: the dark ages? *Am J Law & Med* 1991;17: 249-270.

**Australia Health Practitioner Regulation**

**Agency**  
The Council of Australian Governments (COAG) decided in 2008 to establish a single National Registration and Accreditation Scheme (National Scheme) for registered health practitioners.

On 1 July 2010 (18 October for Western Australia), the following professions became nationally regulated by a corresponding National Board:

- chiropractors
- dental practitioners (including dentists, dental hygienists, dental prosthetists & dental therapists)
- medical practitioners
- nurses and midwives
- optometrists
- osteopaths
- pharmacists
- physiotherapists
- podiatrists, and
- psychologist